ing pain, which did not abate till after the exhibition of a large anodyne. In four days, healthy pus was secreted, and at the end of a month he was dismissed with the wound completely cicatrized. He has since shown himself, as directed, at the hospital several times, and continues in perfect health.—*Glasgow Medical Journal, Aug.* 1829.

47. *Pterygium cured by Purgatives.*—A man aged twenty-nine, presented himself, November 27th, 1829, at the Clinique of Professor Rust, in Berlin. He complained of pain and lachrymation of his left eye; and on examination, the carunele was observed to be very red, as were the frec borders of both eyelids; and from the external angle of the eye, there was a triangular red space, the base of which was at the angle, and the summit at the cornea.

He ordered the patient a purgative of calomel and rhubarb, which was repeated a number of times, and by the 2d of December, the pterygium had entirely disappeared.

M. Rust disapproves of any operation at the commencement of pterygium, because, he says, the divided vessels always reunite, which produces a relapse. He disapproves particularly of the operation of passing a thread under the diseased part and excising it. He considers a derangement in the abdominal circulation as the most common cause of this disease; and that it is therefore necessary to address remedies to the intestinal canal, with the double view of restoring its functions, and of effecting a derivation. He uses as the only local application an astringent, and he considers Goulard's water the best.—*La Clinique, Dec.* 1820.

SURGERY.

48. *Case of Carotid Aneurism in which the Artery was taken up above the Tumour.*—In our last Number, we published a case in which the operation of Brasdor for the cure of aneurism was successfully performed by our distinguished coadjutor Professor Mott: and we find from the January number of the *Medico-Chirurgical Review* that it has likewise been successfully achieved by A. Montgomery, Esq. surgeon in charge of the Civil Government Hospital at Mauritius. The subject of this latter case, a free black, aged about 30, tall, of spare habit, and rather given to intemperance, was admitted into the Hospital, February 20th, 1829, with an aneurismal tumour the size of a pullet's egg, situated immediately above the sternal portion of the left clavicle, and so close to that bone, that it seemed to emerge from behind it, or rather from within the cavity of the chest; which rendered the taking up of the common carotid artery below the aneurism absolutely impracticable.

The poor man had an almost constant tickling cough, with severe pain of the trachea; copious frothy mucous expectoration; great anxiety of countenance; hoarseness of voice; disturbed sleep; and was rather emaciated from constant watching.

The account he gave of his case was, that he caught cold by sleeping exposed in the night air about a fortnight prior to his admission into hospital, at which period he first noticed the tumour. As there was considerable derangement of the digestive organs, the requisite cathartic medicines were given to restore their functions, and expectorants and anodynes for the cough and general irritation.

21st. Has head-ache with severe fixed pain of the left temple; considerable fever; pulse 76, tense, and full, but irregular; the tumour increasing and pulsating strongly; has been three times copiously purged. V. S. ad ℥x. mist. salinæ simp. ℥j. cum tart. ant. gr. ¼, 3tiis horis. Vesperc. The bleeding produced tendency to fainting, and has relieved the head-ache and fever, but the pain of temple and other symptoms continue. From this period the tu-

mour went on increasing rapidly until 9th of March, when it had acquired an alarming size, the base occupying the space of two-thirds of the sternal portion of the clavicle, and ascending nearly four inches upwards to the angle of the jaw, so that the volume of the tumour limited exceedingly the space for taking up the artery above it—the attempting of which I was induced to undertake from having read Mr. Wardrop's successful case in the 9th volume of the Lancet, folios 479 to 485. Seeing that no time was to be lost, as the tumour might soon burst, or the patient be suffocated by its pressure on the trachea, and that its rapidly increasing size would soon so far diminish the space for operating as to render an operation impossible, I requested a consultation of the principal medical officers of Port Louis, as well French as English, who all unanimously concurred with me in opinion that the taking up of the artery, ultra tumorem, was an advisable measure. I immediately commenced the operation in the presence of numerous medical spectators, aided by my friends Dr. Ingham, Surgeon 29th Regiment, and Dr. Shanks, Assist. Surgeon, 82nd Regiment, and Act. Chief of the Civil Medical Department. It may be observed here, that I was badly supplied with instruments, the want of which was however compensated by my able assistants. The operation was performed in a similar manner to that described by Mr. Wardrop, and consisted in making an incision of an inch and a quarter long through the integuments and platysma myoides muscle, by which the inner edge of the sterno cleido mastoideus was brought into view, greatly thrown inward and forward out of its natural position. This being drawn aside by a retractor, the incision was continued on its inner side, in the direction of the carotid artery, with every possible caution to avoid the superficial veins, one of which, of considerable size, crossed the neck, limiting very much my space for operating. The after part of the operation was attempted with a silver knife, as directed by Mr. Wardrop, but finding that instrument too clumsy, and depending on the steadiness of my hand, I removed the cellular substance, and exposed the sheath of the vessels, by dissecting with the forceps and scalpel, occasionally using the handle of the latter, when I found it necessary. This dissection exposed the descendens noni running on the front of the sheath of the vessels, the bifurcation of the artery, the external jugular vein at the upper angle of the incision, and a vein the size of a large crow-quill crossing the artery at the lower angle, and immediately above the omo-hyoideus muscle, which limited the space for taking up the artery to little more than half an inch. The sheath of the vessel was now slit open, when the artery, vein, and par vagum nerve, were seen in their natural situations.

The patient who had been very restless during the whole of the operation, suddenly raised himself up, so that I was compelled to seek again for the sheath, and being unable to find the first opening, I was obliged to make a second one. An attempt was now made to pass a rude, crooked aneurismal needle armed with a double ligature around the artery, in which I was foiled by the restless state of the patient. A second attempt proved more successful, as it passed with facility. On the ligature being laid hold of, the needle was withdrawn and on one ligature being secured the other was removed and the wound brought in contact by a simple suture and strap of adhesive plaster. The patient being now faint, a little wine and water was given and he was put to bed. It is remarkable that scarcely a drop of blood was lost during the operation, (which was performed in about 25 minutes,) except what escaped from the vessels of the integuments and platysma myoides, which did not exceed a tea-spoonful.

March 10th. The patient suffered very much from dyspnœa, cough, considerable and increased frothy mucous expectoration, and difficult deglutition for several hours after the operation, but which symptoms are now much abated. Pain of temple entirely gone; slept none in the night, for which he cannot account; pulse 80, soft and full; tongue white, belly slow, the pulsation of tumour

less distinct, and he feels in every respect much relieved. Ol. Ricini, ℥j. Mist. Mucil. pro tusse. Vespere, well purged; Haust. Tinct. Opii, gtt. xxv.

March 11th. Passed a tolerably good night; has less cough and irritation of the trachea; suffers but little from the wound, or tumour, in which there is still pulsation, but less distinct than prior to the operation; complains of fixed pain of left scapula; pulse at the wrist 88, soft, tolerably full and irregularly intermittent; skin natural; but little thirst. Mist. Salinæ Simp. ℥j. Tr. Digitalis, gtt. viij. 3tiis horis. Potus Lemonade. Vespere, continues to go on well—pulse 72, no disposition to sleep. Haust. Tr. Opii, gtt. xxx.

March 12th. Passed a good night; tumour much decreased in size; and says that the pulsation has entirely subsided, neither is it to be felt. Complains chiefly of slight difficulty of deglutition, (but less so than at any period subsequent to the operation,) with a fulness at the epigastrium and flatulent eructation. Voice more clear and distinct; pulse 78, soft and tolerably full, but still intermitting; no motion of bowels. Haust. cathart.; continue mixture and potus.

March 13th. Has had but one scanty stool; slept none until an anodyne was given at midnight, after which he slept well till five o'clock. Pulse 80, soft, tolerably full, and intermitting at longer intervals. The dressings being removed the wound presented no appearance of union.

14th. The aneurismal tumour is reduced to one-half its original size, and does not pulsate when the patient is sitting up in bed. In the recumbent posture, however, an indistinct pulsation becomes perceptible. The patient is not sensible of any pulsatory movement in the tumour, but the wound has been painful and caused a restless night. Bitter tonic mixt. ℥j. thrice a day; pil. hyd. gr. v. h. s.

March 18th. Tumour continuing to decrease; distinct pulsation perceptible at a small point on the humoral edge of the aneurism, indicative of approaching rupture of the sac.

20th. Goes on well. In the evening slight hæmorrhage from the wound, which, excepting where the ligature comes out, is entirely healed. Pulse much excited; general agitation and dread of approaching death. Pulsation at the point mentioned on 18th more distinct, but no where else over the tumour. Haust. ex tinct. digital. p. gtt. xx. Tt. camph. c. gtt. xl.

21st. An indifferent night; no return of hæmorrhage; pulsation at the point specified still distinct; pulse irregularly intermitting; belly confined. Ol. ricini, ℥j.

22d. Belly relieved; considerable return of hæmorrhage at half past 10 o'clock last night, followed by chills and total cessation of pulsation at the point alluded to, but which has returned since 5 o'clock this morning; pulse irregularly intermitting. At 9 A. M. considerable bleeding from the wound; and at 2 and 4 P. M. bleeding recurred, but on every occasion was easily commanded.

23d. A good night; no renewal of hæmorrhage; aneurismal tumour more distended, pulsating considerably; pulse irregularly intermitting; belly confined. Pil. hyd. gr. v. h. s.

March 28th. Aneurismal tumour again appears enlarged.

March 29th. A small abscess had formed in the course of the cicatrix which discharged itself through the small opening left by the ligature, but by the 5th of April the discharge had ceased and the opening closed.

May 28th. Since the last report the general symptoms have been unimportant; the tumour gradually enlarged and threatened to suppurate, and the pointing prominence noticed on 18th March was so thin, as to cause apprehension of its bursting momentarily. The next day (29th) it gave way, discharging about eight ounces of fetid chocolate-coloured fluid. Compresses and bandage were applied to prevent the apprehended hæmorrhagy. On the 30th, these dressings, soaked with fetid discharge, were removed; there being no

sanguineous effusion, and perceiving the opening of the pointed tumour to be insufficient to give exit to the corrupted aneurismal blood, I ventured to enlarge it. The incision being made, from 6 to 8 ozs. of matter similar to the above, mixed with coagula, escaped. I introduced my finger and removed a considerable quantity of coagula and tenacious lymph. In the act of moving my finger for this purpose I felt the artery, below the seat of the ligature, without pulsation, the trachea pushed considerably to the right side, the anterior surface of the cervical vertebræ, and the muscles sterno-hyoideus and thyroideus as if dissected; the sterno cleido mastoideus rounded, and as if knotty, admitting the finger to pass round it. After clearing out the sac a dossil of lint was introduced, and adhesive straps with bandage applied. These dressings being removed on the following day, the lint was found covered with pus, but no discharge from the wound, which looked tolerably well. The swelling had very considerably subsided, the patient had passed a good night, breathed easier, coughed and expectorated less, and the pulse, from 106, had fallen to 80. From this period the countenance and general condition of the patient improved; and every day's visit gave additional reason to hope for his recovery. The great size of the tumour may in part be accounted for by the decomposition of blood and disengagement of gas. The fetor of the matter was such, that I could not remove it from my fingers for two days.

At the present period, (8th June,) the patient begins to walk out of doors, there is no discharge from the wound, which is on the eve of healing; all tumour has entirely disappeared from the neck, and whatsoever fate be in reserve for the patient, the aneurism at least seems to be cured.

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49. *Treatment of Aneurisms by the Method of Valsalva.*—It is stated by M. Paillard, in the *Revue Médicale* for January, 1829, that M. Dupuytren, who has often seen aneurisms treated by the method of Valsalva, has frequently observed that under this treatment aneurismal tumours of the chest, abdomen, and limbs, augment in volume, instead of diminishing, and finally rupture. M. D. explains this phenomena by supposing that the bleeding weakens the parietes of the arteries more than it does the power of the heart, and the latter having thus a greater relative force, ruptures the former.

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50. *Gastrotomy successfully performed.* By Dr. Cayroche.—A woman aged 24, to excite vomiting, introduced a fork into her throat, and permitting it to slip from her fingers; it descended into her stomach, where it remained for many months without producing any apparent injury; but finally very violent effects which threatened the life of the patient supervened, and Dr. Cayroche, after consulting Professors Delpech and Fages, performed gastrotomy; the fork was easily extracted, and at the end of about twenty days the wound was healed.

We take the above notice from the *Revue Médicale* for March, 1829, and regret that more details are not furnished. The case was reported to the Medical Society of Bordeaux, by Dr. Barres.

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51. *Prolapsus Ani treated according to the Method of Mr. Hey.* By Dr. Macfarlane.—A shoemaker aged 54, became a district patient in the beginning of February. The gut descended for more than two inches on every attempt to evacuate the bowels, accompanied with considerable pain and tenesmus. When he remained for a few minutes in an erect position, the same displacement took place slowly, although no propulsive efforts were employed; this, however, could be prevented by pressure. The first thing projected from the anus was a circular fold of the mucous membrane of the rectum, at its verge, of a livid colour and tuberculated appearance, and this was soon followed by the complete descent of the bowel and hæmorrhage from innumerable points. The recumbent posture and gentle but continued pressure for a few minutes generally effected the reduction of the prolapsus, although at an earlier period it often continued irreducible for hours. His general

health was much impaired, and the constant irritation and almost daily attacks of hæmorrhage, disabled him from following his employment.

"On examining the anus after the gut was replaced, the surrounding integuments were found extremely relaxed. There existed such an unnatural looseness in the attachment of the skin around the anus, to its corresponding cellular membrane, that it could be easily drawn out with the fingers in the form of one or more large flaps. Having succeeded in two similar cases, which came under my care in the Royal Infirmary, during the summer of 1826, in completely curing the disease, by cutting off the loose integuments, as recommended by the late Mr. Hey, I determined to try it in this case. The skin was drawn as far out as possible into broad flaps, and cut off with the scissors in a circular direction, until all the superfluous integument was removed, including a portion of the livid and tuberculated fold of mucous membrane, which was projected from within the sphincter. The pain was trifling, and only a few drops of blood were lost. A soft compress and T bandage were applied, and he was strictly confined to bed. For a few days, a partial procidentia took place on every attempt to go to stool. He had a good deal of pain and inflammation around the anus, attended with complete retention of urine, which required the frequent introduction of the catheter. In ten days after the operation, he was able to walk about, and void his stools, without any return of the disease, and in three weeks he was perfectly cured. Pressure was continued to the part for some time longer—occasional doses of castor oil were prescribed, and he was enjoined to avoid straining at stool.

"There will generally be found in obstinate and long-continued forms of this disease, a great relaxation in the connexion of the rectum at its lower part, with the surrounding textures. This circumstance, although it may not be the original cause, is sufficient, in many cases, to account for the continuance of the displacement in chronic and inveterate cases, although I believe it is generally accompanied by a diminished power of the sphincter. If the rectum, in consequence of being much irritated, as in various bowel complaints, ultimately becomes relaxed, the tenesmus, which is an invariable attendant, may so overcome the sphincter, as to give rise to a procidentia. But when, as in the case now detailed, the erect position is sufficient to cause a descent of the gut, we have grounds for believing, that besides the relaxed state of the rectum, there exists a want of power in the sphincter muscle, which part, along with the levator ani, is mainly instrumental in maintaining the rectum in its natural situation. In the cases detailed by Mr. Hey, there existed in combination with relaxation of the integuments, one or more livid tubercles at the verge of the anus, which were also removed. He expected from this operation, that inflammation of the surrounding cellular texture would be excited, the attachments of the rectum consolidated, and the power of the sphincter improved. In a majority of cases, the disease will be found to yield, (although the cure is often tedious and protracted,) to the local applications and internal remedies usually employed. Should it continue, however, as sometimes happens after the exciting cause has been removed, we will occasionally find that the loose state of the skin around the anus, and the relaxed attachments of the rectum, at its termination, become the primary causes of the continuance of the disease. It is, I conceive, in such circumstances that this simple operation may be beneficially adopted."—*Glasgow Med. Journal, Nov.* 1829.

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52. *Treatment of Strangulated Hernia when the part is Gangrenous.*—M. Dupuytren says that in strangulated hernia, when the included part is gangrenous, the stricture should not be divided, that operation being in this case useless and dangerous. The only indication is to make early free incisions to expose the gangrenous parts, to facilitate the evacuation of the fæcal matters, and to prevent their infiltration without the sac. If the gangrene have made but little progress, and the discharge of fæcal matters be difficult, a female catheter or gum elastic sound, should be introduced into the superior portion of intestine

and allowed to remain until a free passage for the fæces is established, when it is to be withdrawn. If the surgeon has doubts of the exact condition of the intestine, M. D. says he should not fear to incise the intestine, as if it were sphacelated, since it is shown by a great number of cases, that an opening of the intestine without loss of substance, neither aggravates the disease, nor retards the cure, in the greater number of cases. General and local bleeding, diluent drinks, and diet, ought to be employed to relieve the inflammation of the abdominal viscera.—*Revue Médicale, Nov.* 1829.

53. *Nævus Maternus Cured by Vaccination.*—The following case is related by Dr. Auchincloss, in the *Glasgow Medical Journal*, for May, 1829. A girl, aged eight months, was brought to the Glasgow Royal Infirmary, in September, "having a nævus on the lower part of the forehead, half an inch above the left inner canthus. It was as large as a hazlenut, and of a dark red colour. It was observed at birth, and was then quite level with the surface. After a month it became elevated. Having never been vaccinated, fresh lymph was inserted by minute punctures, both around the circumference and over the whole extent of the tumour. On the eighth day many small pustules were visible, and by the twelfth they had coalesced, and become incrusted. On the twenty-first, the scab separated, leaving the surface underneath tender and slightly prominent. A second crust succeeded, and to this a third and a fourth; a perfect cure being effected in about six weeks.

"I perfectly agree with those who have made trial of this practice, that it is indispensable to the ultimate success of the case, that the lymph should be freely introduced over the diseased surface, as well as around its circumference. In this way, the adhesive inflammation which is excited, appears to extend from one pustule to another, and in the course of a few days the whole becomes involved in one scab.

54. *Extirpation of the Uterus.*—This operation has been performed many times in Germany, in patients affected with prolapsus or inversion of the uterus. Dr. Wolff, of Celle in Hanover, removed not only the uterus, but afterwards the ovaries: the patient died.

Extirpation of the neck of the uterus has been performed by Osiander twenty three times, by Lisfranc thirty-six times, several times in England, and twice in this country, once by Dr. Warren and once by Dr. Strachan; in Dr. Warren's case part of the body of the uterus was also removed.

Extirpation of the whole uterus for cancer, this organ being in its normal position, has been performed, so far as we can learn from published accounts, ten times, and it is a matter of great interest to ascertain how far the results of these cases justify a resort to an operation, certainly the most serious and painful in surgery. This operation was first performed by a German surgeon, Dr. Sauter, of Constance, in January, 1822. By the commencement of April, his patient's health appeared restored, except an incontinence of urine arising from an opening of the posterior portion of the bladder; she died, however, on the 1st of June, apparently of another disease. On examination, no trace of cancer could be discovered in any of the organs. In Great Britain this operation has been performed six times, four times by Mr. Blundell,* once by Mr. Banner,† and once by Mr. Lizars. Of Mr. Blundel's cases only one survived the effects of the operation, and she died about a year after, and on examination the upper end of the vagina was found uneven, partially ulcerated, vascular, and connected with a mass of cerebriform matter; the ovaries, back part of the bladder, the lumbar glands, and upper part of the rectum also were all affected with organic disease.‡ Mr. Banner's patient died on the fourth day, and the result of Mr. Lizars' case has not been published. In France the operation has been performed three times, once by M. Recamier,§ and twice by M. Roux, the

* Lond. Med. Gaz. Vol. II. p. 294. † Idem, p. 582. ‡ Idem, Vol. III. p. 300. § See our last No.

two latter operations were fatal. Thus of ten operations, or rather nine, (for the result of Mr. Lizars' not being known, it should not be counted,) three only are claimed as successful. Of these successful cases, M. Sauter's, died five months after the operation; Mr. Blundell's died one year after the operation, and certainly ought not to be considered successful, since, though successful as regards the extirpation, it was unavailing in respect to the preservation of life; M. Recamier's case has been only recently performed, and the result is still to be ascertained. Such are the facts in relation to this operation, and are thus certainly far from encouraging, on the contrary, they appear to justify the following remarks of the editor of the *Medico-Chirurgical Review*. "We consider the extirpation of the uterus, not previously protruded or inverted, one of the most cruel and unfeasible operations that ever was projected or executed by the head or hand of man. We are very far from discouraging bold or untried operations, but there is a line beyond which it may not be prudent to go, even should a solitary instance or two of success rise up as precedents to bear out the operator." In our esteemed cotemporary, the *Journal Générale de Medecine*, the learned editor, Dr. Gendrin, has given a sketch of all the operations for extirpation of cancerous uteri that have been made public, and to that work for October last we refer the reader who desires further details.

Since the above was written, we have received the number of La Clinique for the 20th of January last, from which we learn that M. Recamier again performed this operation, on the 13th of January, and that hæmorrhage supervened, and the patient died the second day after the operation.

55. *Case of Strangulated Crurol Hernia, reduced spontaneously after Gangrene of the Herniol Sac.*—This singular case was communicated to the Medical Society of Paris, by Dr. Ginouann, of Sancheville, and is published in the *Journal Générale*, for December last. March 18th, 1826, Dr. S. was called to a woman, aged thirty-one years, in the sixth month of her pregnancy, who had been affected for four years with a crural hernia of the right side. This hernia, ordinarily indolent, entirely reducible, and of the size of a pullet's egg, had acquired suddenly the size of a fist, in consequence of an effort the preceding day to repress a fart. The patient was affected with the usual symptoms of strangulated hernia, and tonics, bleedings, baths, leeches, emollient cataplasms, tobacco injections, &c. employed without success, and an operation proposed, but the patient refused to submit to it. On the sixth day the hernial tumour became livid, clammy, and the epidermis raised, forming here and there phlyctenæ filled with a reddish serosity. During the night, violent colics; the patient was sensible of something quitting the tumour and enter the abdomen; after this copious evacuations from the bowels took place. The seventh day the mortification of the envelopes of the hernia became evident, and all the symptoms of strangulation had disappeared. The fifteenth day the mortified parts were thrown off, and comprised not only the skin and peritoneal envelope, but also the periphery of the crural opening, so that the fingers together could be introduced into this opening; behind this opening a portion of intestine, highly injected, and which completely closed it, was perceived. The opening healed by granulations by the fortieth day, and at the full period of utero-gestation the patient was delivered of a healthy child.

56. *Fissure of the Anus successfully treated without Incision or Cauterization.* By M. Dupuytren.—M. Dupuytren considers spasmodic constriction of the sphincter as the true lesion in this affection, and the elongated ulcer called fissure of the anus as a secondary phenomenon. In curing the stricture of the sphincter the disease is cured, and the anti-contractile property of the belladonna renders it a proper application. M. D. has effected cures with this remedy a number of times. The following case is reported in the *Revue Médicale*, for March, 1829, by M. Paillard. A healthy young woman had been affected for some weeks with very violent pains in the anus, whenever she went

to stool, especially when the fæces were hard. At first these pains continued only a few minutes, but afterwards they persisted longer, and finally continued during some hours. When she entered the Hôtel Dieu her anus was examined with care by M. Dupuytren, who discovered there a very superficial fissure. The constriction of the anus was very considerable, the finger could not be introduced into it without difficulty and causing great pain. Unwilling to subject the patient to the pain and inconvenience of an incision or cauterization, M. D. prescribed the introduction into the anus of a roll of lint smeared with the following ointment, and renewed every time the patient went to stool: ℞. Axunge, ℥vi.; extr. bell. ʒj.; acet. plomb. ʒi. M. This ointment calmed the pains; in a few days they entirely ceased, and the patient was relieved of her disease.

57. *Amputation of the Penis.*—When the penis is excised, especially near the pubis, from the retraction of the parts it is sometimes difficult and even impossible to discover the opening of the urethra, so as to introduce a catheter into it, whence very unpleasant or even fatal results may happen. To obviate this difficulty, some operators introduce into the urethra a metallic sound, upon which they cut; this renders the operation, however, longer and of course subjects the patient to more pain. M. Barthélemy, Surgeon to the Hospital du Gros-Caillon, recommends the introduction of a gum elastic catheter as far as possible into the bladder, when the penis and catheter are both to be divided by a single cut.—*Journal Universel, August*, 1829.

58. *Dupuytren's Method of Removing Fibrous Polypi of the Uterus.*—M. Dupuytren, instead of the method hitherto employed for the removal of uterine polypi, extirpates them in all cases with the knife. He has been led to prefer this operation, from the consideration of the fibrous nature of polypi, the facility with which by moderate but continued traction the uterus may be drawn even with the vulva, the fact that hæmorrhage is less to be feared than is supposed, and that the difficulties arising from the deep situation of the pedicle of the tumour may be easily overcome. Besides, it is sometimes impossible to apply a ligature, either because the tumour is too deeply situated or completely fills the vagina, and even greatly distends it, so that the fingers or instrument for applying the ligature cannot be introduced; moreover the consequences of the application of the ligature are often very dangerous. The following is M. Dupuytren's mode of operating. The patient is placed on her back upon the edge of a bed, her legs and thighs flexed and fixed as for the operation of lithotomy. Very strong dressing forceps are introduced into the vagina, with which the polypus is seized hold of, if it do not project beyond the vulva; the forceps are introduced on the finger or with the aid of a speculum; in this last case their branches must be straight and the rings small, so that they can pass into the speculum, when the latter is withdrawn from the vagina, after the polypus has been seized hold of by the forceps. The surgeon then employs gradual traction to draw out the polypus, or if it already project beyond the vagina, to expose its pedicle. Sometimes a single forceps is not sufficient, the first is then confided to an assistant, who continues the tractions, and the surgeon takes hold of another part of the polypus with another pair of forceps, and thus the desired effect is produced. The pedicle being brought to the orifice of the vagina, the surgeon ascertains the size of the pedicle and whether there be in it any large arteries, the latter is ascertained by the pulsation. If there be pulsations, a ligature is to be applied above the place where it is intended to make the incision, but where no pulsations are discovered, the pedicle is to be divided with a bistoury or scissors curved on both sides. When there is no pedicle, M. Dupuytren makes around the anterior half of the base of the tumour an incision which penetrates into the mucous tissue, the sub-mucous cellular tissue, or even the proper tissue of the uterus; a similar incision is made posteriorly,

the two incisions united, and the tumour dissected out. In this case the operation is more complicated, and may be more readily followed by hæmorrhage, inflammation, &c. M. Paillard, who reports this method in the *Revue Médicale* for June, 1829, states that numerous successful cases attest the advantages of this operation. It may be conceived that when these tumours are soft or have degenerated so as to tear easily, that it will present obstacles to the operation, but with patience, prudence, and slow and moderate traction, M. P. says that the surgeon will eventually succeed. Experience proves, he says, that dangerous hæmorrhage never occurs; once only M. D. has been obliged to have recourse to the tampon, which readily arrested the hæmorrhage.

59. *Treatment of Indolent Ulcer of the Leg.*—J. Syme, Esq. of Edinburgh, has lately adopted a method of treatment of indolent ulcer of the leg, certainly one of the most perplexing affections that the surgeon is called upon to treat, which he considers as in many respects preferable to the method recommended by Mr. Baynton, though he believes that the latter when properly executed will sooner or later effect a cure, if a cure be practicable. "Some frivolous and wrong-headed improvers have advised," says Mr. S. "that the straps should not encircle the whole limb, but only two-thirds of it, and hence have done what they could to bring themselves and the practice into contempt. I have lately cured an ulcer on the leg of a lady, which had existed without interruption for twenty years, and was deemed incurable, because it had resisted the most assiduous exertions of several surgeons in town. When I proposed to apply adhesive plasters, the patient would hardly consent, because they had been tried previously without success. I ascertained that they had not encircled the limb, and hence the failure."

Mr. Syme's method, which he prefers to Baynton's, consists in the application of a blister over the ulcer. "It is not unusual to meet with cases of indolent ulcers," he observes, "which after exhibiting their characteristic obstinacy in opposition to the most careful treatment, heal up at once without any attention, so soon as the limb begins to recover from an attack of phlegmonous erysipelas which it has happened to suffer. The observation of such cases led me to try the effect of inducing a similar inflammation artificially, and the result has fully equalled my expectations. The means employed for this purpose were blisters, and the object being to excite a smart and diffuse inflammation, they were not limited in extent to the size of the sore, but were made to cover a great part of the limb, and were allowed to remain in operation for a long while, sometimes even twenty-four hours.

"The first effect of the blisters in these cases is a more than ordinary inflammation and discharge, the surface sometimes continuing to suppurate profusely for several days, just as if the cutis had been denuded by a scald or burn.

"In a day or two the patient is agreeably surprised by observing that the œdematous swelling of the limb, which so constantly accompanies ulcers of the kind under consideration, begins to subside, and in the course of a very short time, rarely exceeding a week or two, it nearly or entirely disappears. The consequence of this detumescence is a great diminution in the size of the sore, which also comes to be on a level with the surrounding skin. Then the surface takes on a healthy granulating appearance, and the sore heals, partly by contraction, partly by the formation of a cicatrix. For the first few days after the blister has been applied, some simple ointment may be used, just as in the ordinary treatment of a blistered surface, and afterwards a wash of acetate of lead, or sulphate of zinc, in the proportion of one or two grains to the ounce. If the sore should again prove obstinate, the blister may be repeated, and if a small part remains stationary towards the conclusion of the cure, it ought to be filled with the red oxide of mercury, or a mixture of this powder with flour. My friend, Professor Davidson of Aberdeen, induced me to try this application in the treatment of ulcers, and I cannot say too much in its praise, especially

in the case just mentioned. After one or two dressings it forms a firm crust over the sore, which ought not to be disturbed, and renders any further interference unnecessary."

Mr. S. ascribes the good effects of blisters which have been just described, to their stimulating the absorbent vessels, so as to remove the œdema.

This treatment cannot be considered as new in this country, the late Dr. Dorsey, many years ago, recommended and successfully employed powdered cantharides as an application to certain indolent ulcers of the leg. See his Elements of Surgery.—*Edin. Med. and Surg. Journ. Jan.* 1830.

60. *On Operations Performed at the Solicitation of the Patient, against the judgment of the Surgeon.*—We find in the *Revue Médicale*, for March, 1829, the following interesting observations on this subject, by M. Paillard; they may be considered as expressive of the sentiments of M. Dupuytren. It is generally observed that severe operations, performed against the opinion of the surgeon, merely to comply with the desires of the patient, are rarely successful. Whatever precautions are taken to insure success, death often supervenes. Although the surgeon explains to the patient all the hazards of the operation, and consequently has nothing to reproach himself with, still the idea of having been the cause of the death of an unfortunate person, must painfully afflict him. The case we are about to relate, is calculated to render surgeons exceedingly circumspect, and induce them to refuse with firmness to perform operations merely to satisfy the patient. M. Dupuytren has seen the most violent symptoms supervene in consequence of the amputation of a deformed great toe. In another instance, death followed the extirpation of a supernumary finger in an adult. A case is related of amputation of a badly-formed leg, by M. Dupuytren, which terminated fatally, and the same result took place in a case of a similar kind, operated upon by Sabatier.

The following case was communicated to Dr. Paillard by Dr. Sterlin. An old servant had been affected for some time with an ulcer of the leg which would not cicatrize permanently; tired with being constantly obliged to attend to a disease that returned continually, he entered the Hôtel Dieu, of which Pelletan was then first surgeon, and earnestly solicited him to perform amputation. M. Pelletan at first refused, but finally yielded to the solicitations of the patient, and consented to operate, not however without previously explaining to him all the hazards he encountered; but the patient was inflexible. The first few days every thing seemed to promise a favourable termination, but quickly violent symptoms supervened, some important viscera became violently inflamed, and the patient was soon in the utmost danger. Just before his death he collected his strength, and in an energetic manner, and with an eloquence that would not be suspected in an uneducated man, he reproached M. Pelletan for his weakness in yielding to his solicitation. He died some moments after having thus given vent to his anger. M. Pelletan was of course very much affected by this painful scene, and long preserved the remembrance of it.

61. *Case in which a Portion of Bone was lodged for Forty-eight Days in the Trachea of an Infant.*—This singular case is related by Thomas Stabb, Esq. in the *London Medical Gazette* for December last. "On the 20th of September last, S. H. S. aged ten months, playing with a bone of a neck of mutton, which the nurse gave her whilst at dinner, put it into her mouth and detached a small portion, about the size of a large marrow-fat pea, which slipped into her windpipe, and produced violent coughing and irritation for about five minutes, when it ceased, leaving a noise in breathing like that produced by a saw. In the course of twenty-four hours great difficulty of breathing, with constitutional irritation and cough, came on, which was subdued by the usual remedies. The same saw-like noise of breathing and some cough continued, but did not appear to give pain after the fourth day; the child's health and spirits after that time appearing as good as usual, except this constant wheezing.

"On the 3d of November, upwards of six weeks after the accident, in consequence of a cold she took from going out into the air, violent irritation in the trachea, with cough, returned. A solution of tartarized antimony was given, and on the 7th, after a dose which produced vomiting and general relaxation, and whilst the nurse was briskly rubbing her throat with a volatile embrocation, the head being bent back over her lap, she was seized with a violent fit of coughing, and threw up the piece of bone, imbedded in mucus, which had been retained forty-eight days in the trachea; her breathing almost immediately became natural, and the next day she was as well as ever. The piece of bone was very rough, of a triangular shape, the edges quite sharp."

62. *Wax as an Application to Ulcers.*—The application of wax to old ulcerated legs has been practised in the Westminster Hospital, with great success, within the last few months. In every instance it has rapidly improved the character of the sore, and brought on a disposition to skin over, and in the greater number of cases the ulcers have healed in a much shorter time than could have been calculated with the ordinary applications—indeed it has succeeded often when all the usual dressings had been tried and failed.—*Ibid.*

63. *On the Utility of Water as an Application in the Treatment of Wounds, Ulcers, Diseases of the Skin, &c.* By JOHN M'FADZEN, M. D. Surgeon, Buttevant.—The treatment of ulcers, wounds, &c. by the simple application of water, was revived some years since by Professor Macartney, of Dublin, and it has been said with great success; and in the *Edinburgh Medical and Surgical Journal*, for January last, Dr. M'Fadzen has published some observations and cases illustrative of its efficacy. The mode of applying this remedy is exceedingly simple and attended with very little trouble. "A piece of lint dipped in cold water is to be applied with the soft side to the part, and covered with oiled silk, which should extend considerably beyond the limits of the lint, and retained in its place by a light bandage, or any other means the practitioner may deem proper. Any other substance capable of preventing evaporation, and sufficiently light and pliable, such as very thin Indian rubber, would answer the purpose as well as oiled silk. The dressings should be removed three times a-day, or less frequently, if the secretions from the part are trifling, for the purpose of wetting the lint as it becomes dry, and freeing it from the secretions of the wound or skin, which would in a short time become irritant; therefore it is not sufficient that the lint should be merely moist, for this moisture may be occasioned by perspiration or other discharge of the part collected under an impervious substance. Hence the lint must either be occasionally removed, or well washed in cold water, and in like manner the oiled silk or Indian rubber.

"From what has been stated, it must appear that the good effects of this treatment depend upon the production of steam at the temperature of the surface of the body, which, being retained by the impervious silk, subjects the part constantly to an atmosphere of that vapour.

"I hope it may not be considered irrelevant to mention here, that oiled silk is also a valuable substance for applying the emollient poultice, having this advantage over linen or calico, that it retains its moisture and heat, at least the heat of the surface over which it is placed, for a greater length of time."

64. *Tinea Capitis.*—There are perhaps few practitioners who have not been occasionally foiled in their attempts to cure this disease. The stimulating ointments and applications usually recommended, we have found very frequently to fail in affording relief, and not unfrequently they aggravate the mischief. We have been most successful with the physiological practice—treating the disease like other inflammations, with leeches, and then applying a poultice of flaxseed mucilage to the scalp, covering it with an oil-silk cap. After all inflammation has been subdued by these means, a moderately stimulating ointment may sometimes be found useful. In the last number of the *Edinburgh*

Medical and Surgical Journal, Dr. M'Fadzen recommends a lotion of the acetate of lead, which Dr. Macartney also says will cure the eruption. The only thing to be feared, says Dr. M'F. is its being healed too suddenly. The following case, in which the remedy was successfully employed, is given. A boy, aged eleven, of a flabby habit, and subject to a cough, has been labouring for some years under *Tinea capitis*, or the *Porrigo scutulata* of Dr. Bateman, which has resisted all the common remedies, both local and constitutional, not only under my own care, but by the advice of others. The head having been shaved and well washed with soap and water, which exposed a number of inflamed irritable patches, covering about half of the hairy scalp, I dressed the head according to Professor Macartney's plan, namely, covering the diseased scalp with charpie dipped in a solution of the acetate of lead, (gr. iij. ad ℥i. Aq.) and applying over all a well-fitted oiled silk cap, leaving directions to wash the lint three times a day in cold water, in order to free it from the secretions of the skin, reapplying it to the head, wetted with the medicated lotion. He has called upon me this day, (July 26th,) when I was happy to find him nearly cured, the inflamed and irritable patches having been replaced by a comparatively healthy skin. No constitutional treatment whatever was resorted to.

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65. *Case of Fracture and Depression of the Inner Table of the Cranium by a musket ball, the External Table being uninjured.*—The following singular and interesting case, which occurred in the practice of Staff-surgeon Cooper, is related by Dr. Hennen in his Military Surgery. The patient was struck at the battle of Waterloo, with a musket ball, on the right parietal bone, which was exposed, and had no appearance of being fractured; as, however, the symptoms of compression were urgent, and the patient was nearly in a lifeless state, Mr. Cooper conceived it right to apply the trephine to the part on which the violence had acted. He had not sawn long before the external table came away in the hollow of the trephine, leaving the inner table behind, which was not only splintered, but driven at one point more than half an inch into the membranes and substance of the brain. No sooner were the fragments taken out with a pair of forceps, than the man instantly sat up in his bed, looked around, and began to speak with the utmost rationality. It is a most extraordinary fact, that this patient got up and dressed himself the same day, without leave from the medical officers, and never had a bad symptom afterwards.

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66. *Dislocation of the Clavicle forwards.—Reduction at the Expiration of Twelve Weeks.*—A man aged 50, fell with his arm outstretched in such a manner that it bore the whole brunt of the violence. Inability to raise the arm as before, and "an *intense dull swelling*, which after a time became almost imperceptible from the enormous degree of tumefaction which ensued," were the consequences of the accident. No attempt at reduction was made, and twelve weeks after the occurrence of the accident he entered the Winchester Hospital under the care of Mr. Lyford. On the superior part of the sternum was a distinct obtuse projection, exquisitely sensible when touched, and attended with slight inflammation of the integuments; this projection could readily be traced as a continuation and termination of the clavicle, though the motions of the shoulder appeared to produce no alteration in its situation. The motions in question were painful; the shoulder itself had a decided inclination forwards, and the distance between its point and the mesial line of the sternum, was shorter, on admeasurement, than in the opposite extremity.

"The treatment consisted in the application of the clavicle bandage with pads under the axilla. The shoulders were drawn backwards, as far as they could be, which was not, however, to the fullest extent, the patient having acquired, from his agricultural pursuits, a somewhat prominent back, so that the bases of the scapulæ were farther asunder than natural. The effect of the bandage was not that of restoring the dislocated extremity of the clavicle immediately into its proper receptacle on the sternum. This object was accom-

plished, in the most gradual manner, by tightening the bandage every four or five days, until the scapulæ were completely approximated. The patient was confined in bed for three weeks on his back, which greatly assisted the bandage in its office of retaining the shoulders in the wished-for position. Moderate pressure was made by the application of soap-plaster on the dislocated parts; and, at the expiration of a month, the parts had acquired their original and natural situations."—*Med. Chirug. Rev. Jan.* 1830, *from the Provincial Medical Gazette, No.* 11.

67. *Dislocation of the head of the Radius backwards.*—Two instances of this dislocation which is considered by Sir Astley Cooper as extremely rare, are related in the 11th No. of the *Provincial Medical Gazette*, by Mr. Case.

68. *Vesico-Vaginal Fistula.*—These are not very uncommon after tedious labours, and constitute one of the most troublesome and disgusting infirmities to which the female sex is liable. The treatment generally pursued has been that recommended by Desault, viz. the retention of a catheter in the urethra and the introduction of a plug of some kind into the vagina, in order to keep the edges of the fistula as much as possible in apposition. This plan, though sometimes successful, has more frequently failed, and is extremely tedious at the best. M. Dupuytren has employed the actual cautery in these cases for a considerable time and with great success. He prefers it on every account to the use of the nitrate of silver, and employs it in the following manner:—the patient is placed across the bed upon her belly, with a pillow or two beneath her to elevate the pelvis, and her lower extremities out of the bed and held by assistants. A speculum in two pieces and hollowed like a flute, is introduced into the vagina, and the fistula exposed to view. With a cautery shaped like a French-bean, named by M. Dupuytren *cautère en haricot*, the edges of the fistula are lightly touched, so as merely to stimulate without destroying them. The swelling which succeeds this cauterization chokes up the fistula for the time, the urine ceases to escape through the aperture, and either cicatrization and obliteration are effected or the aperture is much contracted in diameter. Two or three applications of the iron are commonly required, and in order to ensure the free discharge of the urine from the bladder during the process, a catheter may be kept in the urethra. This, however, according to M. Dupuytren, is seldom required, and the operation has succeeded in a great number of instances at the Hôtel Dieu. The most favourable cases are those in which the aperture is longitudinal, the most unfavourable when it is transverse. In the latter, when accompanied with much loss of substance and a considerable communication between the bladder and vagina, cauterization will scarcely succeed, and it then becomes necessary to resort to other means.—*Journal Hebdomadaire, No.* 58.

69. *Hydrocele of the Spermatic Cord complicated with Peritonitis, and Constipation of several days continuance.*—The following interesting case of hydrocele simulating strangulated inguinal hernia, was treated by Dr. Maclachlan, in the Glasgow Royal Infirmary. A child, aged two years, was admitted June 24th, 1828, with an oblong elastic tumour, about the size of a walnut, in the upper part of the scrotum. The testicle was situated immediately below, and posterior to this tumour, but separated from it. The integuments of the scrotum moved freely over, and were not discoloured. The tumour enters, and distends the external ring, and is painful when handled. Abdomen is much distended, and tympanitic; and the child cries when it is touched, particularly at the lower part. No stool for eight days, and for the last two has had nausea and occasional retching. Pulse 120; skin hot; tongue white; great thirst. His mother says that she first observed this tumour about three months ago, in the situation of the external ring; and that it gradually enlarged, and descended toward the scrotum. She could easily make it disappear by pressing on it; and its disappearance was

always accompanied by a gurgling noise. She states that she was recommended by a surgeon to get a truss to keep it up; that it has continued in its present situation for two weeks past; that the child has had no stool for the last eight days; and that two days ago, nausea and retching came on, when a surgeon was consulted, who attempted to reduce the tumour by the taxis, but failed.

Here, then, were all the symptoms of incarcerated bowel, with a tumour filling the external ring, which, from its situation, and the smallness of its size, could not, by any possibility, be distinguished from inguinal hernia. The taxis was tried, but without any change in the tumour. As the symptoms, as yet, were not very urgent, and as the incarceration appeared to be rather *par engouement* than strangulation, the boy was ordered, (at 2 P. M.) three grains of calomel; in an hour after to have ʒij. castor oil, and in two hours more, a laxative enema, and to be placed in the warm bath. Should these means afford no relief, a consultation to be summoned for 6 P. M.

The enema brought away a pretty large stool, composed entirely of hardened balls and some blood; but there was no indication of the medicines given by the mouth having contributed in any way to it.

Consultation met at six o'clock. No relief from the stool. The boy was more feverish and restless. Complained more on the tumour being handled. Abdomen still swollen, hot, and tender to touch. Pulse 140. Skin parched. Face flushed; in short, a considerable aggravation of all his symptoms. A moderate trial of the taxis having again failed, it was decided to open the sac, and ascertain the nature of its contents. At 7 P. M. this was done in the usual manner, and on laying open the investing membrane, a gush of clear fluid, followed by a considerable quantity of thick jelly, was pressed out, showing the tumour to be hydrocele of the cord.

The parts were immediately brought together, and a light compress applied. He had three grains of calomel, and afterwards infusion of senna, but it was not till the following morning that stools were procured. These were very fetid, dark-coloured, and lumpy. He passed a very restless night. Skin excessively hot, and feverish symptoms in general increased. Abdomen tense and much swollen, and he cries much on its being touched. He was ordered half a grain of calomel every four hours. Six leeches to abdomen, and the warm bath.

26th. Cord and testicle hard and painful; pulse 144; less heat of skin; two dark-coloured stools; leeches to scrotum; calomel, and bath to be repeated.

27th. Feverish symptoms somewhat abated. Swelling of cord as yesterday, only there is less redness around wound. Several stools last evening, in which there were several lumbrici. Had infusion of senna twice, and the bath.

29th. Leeches were again applied to-day; and he continued the calomel and bath. Abdomen continues enlarged and tender. Passed numerous lumbrici, and latterly ascarides in large quantities. Countenance pale, and of a yellowish tinge. He vomits occasionally.

2d July. Gradually wasting; abdomen swollen, but soft; occasional retching; swelling of cord and testis abating; pulse 160. He continued gradually to decline during the two following days, and on the evening of the 4th he died.

Dissection.—Abdomen contained nearly a pint of purulent fluid. The intestines were enormously distended with flatus, and at some points slightly adherent; peritoneum pale, the spermatic cord from testis to inner ring was hard, and enlarged to nearly three times its natural size; and within its sheath a small abscess was found, containing ʒij. of pus. Left side of the chest contained about twelve ounces of sero-purulent fluid, and the lung was covered with a thick layer of lymph.

All surgical writers agree as to the extreme difficulty of distinguishing hydrocele of the cord, when small, and when it distends the external ring, from inguinal hernia, even when none of the symptoms of strangulated bowel are present; but when peritonitic symptoms exist, with absence of stools, discrimination becomes absolutely impossible. Even Mr. Pott,* a competent judge, one

* Works, Vol. IV. Case 13.

would think, was much puzzled in a case of hydrocele of the cord, where *no* febrile symptoms were present. A lad of 14, had a large tumour, full and tight, possessing the whole spermatic process and scrotum down to the testicle, which was independent of it, not tender to touch, unless pressed hard. It bore so hard against the opening of the abdominal muscles, that Mr. Pott could by no means feel the spermatic process. He had had no stool for five days. "Some of these circumstances were of importance, and might be occasioned by a stricture on the intestinal canal; but, on the other hand, his pulse was soft, calm, and quiet. His skin was cool; he had neither tight belly, nausea, hiccough, nor vomiting, nor any other symptom deducible from such a cause. From the mere appearance and feel of the tumour, I should have supposed it to be caused by water; but the difficulty of distinguishing the spermatic process above, the freedom of the testicle below, and the want of stools, made me hesitate." He tried the taxis, and not succeeding, he, in the absence of urgent symptoms, gave him a purging mixture and an enema, and bled him. His medicine operated in *two hours*, and he was relieved. But Mr. Pott was not satisfied. "I examined it again and again, and was still more positive that it contained a fluid; but whether that fluid was in the tunica vaginalis, or in a hernial sac, I could by no means be clear. However, as there was no possible method of getting rid of it but by an opening, I determined to make one with such caution as to be prepared for whatever might happen." The treatment adopted in both cases was precisely the same, only in Mr. Pott's case bleeding was had recoure to; but surely the diagnosis was much more difficult in my case than in Mr. Pott's. Other cases might be cited to prove the difficulty of diagnosis. I shall content myself, however, with the following from Mr. Dewar's paper in the Edin. Med. and Surg. Journal.* "I was requested by Dr. Stenhouse to visit a patient of his, who was labouring under hernia. The man was suffering from pain and distention of the belly; frequent vomiting, and obstinate costiveness. There was a firm elastic swelling, about the size of a pigeon's egg, occupying the inguinal canal. He complained of very little pain on handling the tumour. When an attempt was made to return it into the belly, it receded in a slight degree within the canal; but returned to its former situation immediately on the fingers being removed. All the usual means of effecting reduction were tried without success, and the operation determined upon. When the tumour was opened by Dr. Stenhouse, a small quantity of a glairy fluid ran out, and the finger was passed to the second joint, in a shut sac, which had no communication with the abdomen. Of course; no relief followed. His bowels, however, ultimately yielded, and he got well. I do not yet know, after frequent reflection upon this very interesting case, how it could be distinguished with certainty from hernia."

The circumstance of a stool being passed is by no means decisive of the absence of strangulation. An enema frequently brings off fæces from the colon and rectum, in cases of incarceration. Mr. Tyrrell† mentions a case in which even four copious stools were passed, notwithstanding the existence of strangulation, which afterwards required the operation. "The sac contained a portion of intestine highly inflamed, and perfectly incarcerated." The man died, and, on dissection, the following is stated as the condition of the gut:—"The portion of intestine which had been strangulated consisted of a complete fold of the ilium, including the whole diameter of the gut; it had still the mark from the stricture upon it, and was much more discoloured than any other part." The fæces, therefore, could not have passed this constriction; they must have been furnished by the bowel lower down than the point of strangulation. It is evident, from the case above detailed, that the child laboured under peritonitic, and perhaps pleuritic symptoms on admission, the consequence of long-continued constipation, and the irritation of worms—That there existed a tumour in the situation of inguinal hernia, which could not be distinguished from

* Vol. XXX. p. 44. † Cooper's Lectures, Vol. III. p. 21. Note by Tyrrell.

that disease—That the history furnished by the mother was every way calculated to mislead—That there was constipation of many days' continuance. The taxis having failed, and the inflammatory symptoms continuing to increase, there was no alternative left for the surgeon. He must have ascertained the nature of the contents of the sac; if hernia, he was right; if hydrocele of the cord, he could scarcely be said to be wrong, for this also requires such an operation for its cure.—*Glasgow Medical Journal, Feb.* 1829.

MIDWIFERY.

70. *Description of a Cicatrix of the Uterus, eight years after the Cæsarian Section had been performed.* By Professor Mayer, of Bonn.—The patient had been operated upon in 1813, by Professor Walther, of Bonn; she died eight years afterwards, and her uterus is at present preserved in the Anatomical Museum of Bonn. The uterus is of its natural form, size, and consistence; its longitudinal diameter being two inches and seven lines, and the distances between the insertion of the fallopian tubes, one inch and ten lines. At the external surface of the anterior paries, a furrow, three lines in length, indicates the place where the incision was made; the peritoneum is very firmly adherent to it. The edges of the wound were found to have considerably contracted, and appeared to be, as it were, turned in towards the substance of the uterus; at the inner surface the cicatrix was a little more inferior, and larger by half an inch than exteriorly; it extended as low as the neck of the uterus, where it was one line and a half in breadth. The anterior paries of the uterus, in the neighbourhood of the cicatrix, was three lines thick; the corresponding portion of the posterior paries was four lines. The cavity of the uterus was perfectly natural, except that there was a very thin fleshy polypus at the neck; the left tube and ovary were perfectly natural; those on the right were adherent to each other by plastic lymph. The ovaries exhibited numerous cicatrices.—*Lond. Med. and Surg. Journ. Oct.* 1829.

71. *Procidentia Uteri.* By J. J. Knox.—E. Stivens, æt. 20, unmarried, of delicate habit, applied to Mr. Knox with a tumour in the vagina, protruding between the labia, about four inches in length, of a deep red colour, and excoriated in a high degree. She complained of general debility; great pain in the back and loins and constant bearing down sensation; much inconvenience in walking: and pain in voiding her urine which she could not retain so long as she used to do. She stated that the tumour first made its appearance three months previous to her application, that then it was small, and had gradually increased to its existing size, and that she had been much troubled with leucorrhœa. A more minute examination was now instituted. The finger could not be introduced into the vagina, nor could the os tincæ be felt, but on carefully inspecting the apex of the tumour a small foramen was discovered, which easily admitted the blunt end of a probe, and from which a red liquor, evidently the catamenial discharge, then present, was oozing, The lips of the os tincæ were completely obliterated in consequence of the swelling of the parts, and presented a circumference the size of a dollar, in the centre of which the orifice into the uterus was placed. The case was obviously one of procidentia uteri, and the complete eversion of the vagina accounted for the impossibility of introducing the finger.

Much to Mr. Knox's surprise, gentle pressure on the tumour in the line of the axis of the pelvis, the patient being placed upon her back with the hips elevated, readily effected the return of the prolapsus. Next morning a pessary was introduced, and answered the intention well in conjunction with injections of alum and oak-bark. The discharge ceased, the uterus descended no more, and the patient experienced no inconvenience from the instrument.